

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWA! STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PARTI LOBBYIST NAME(Last) (First) (Middle) **TELEPHONE** Waldrop Rebecca 512-977-8515 MAILING ADDRESS (Street) FAX 12200 Grimsley Drive 512-233-0950 (City) (State) (Zip Code) Austin **Texas** 78759 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE N/A MAILING ADDRESS (Street) FAX (City) (State) (Zip Code)

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LO	TELEPHONE		
Sanofi-Aventis group	916-487-0649		
MAILING ADDRESS (Street)	FAX		
3840 Esperanza Drive	916-487-0641		
(City)	(State)	(Zip Code)	
Sacramento	California 95864		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		STATEMENT TELEPHONE	
Elizabeth Z. Bartz, Pr	330-761-9960		
MAILING ADDRESS (Street)	FAX		
State and Federal Con	330-761-9965		
80 South Summit Stre	330-701-3303		
(City)	(State)	(Zip Code)	
Akron	Ohio	44308	

PART III DESCRIPTION	OF SUBJECTS UPON WHICH	YOU EXPECT TO LOBE	3Y	
Agriculture	Education	✔ Human Services		Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relat	ions,	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment		Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management		Other: (indicate below) Pharmaceuticals
Ecology, Energy Environmental Protection	Housing	Public Safety & Correcti	ons	
PART IV CERTIFICATION	N OF LOBBYIST	· · · · · · · · · · · · · · · · · · ·		
I hereby certify that the	information furnished above is	, to the best of my knowle	dge, correct	t and complete.
		(Date)		
PART V AUTHORIZATIO	N TO LOBBY	TITLE OF AUTHORIZING OF	FICER OR DE	RSON REPRESENTED
T W AIVIE		THEE OF AUTHORIZING OF	IOLI OIT L	TOOK KEPKESENTED
Danielle Walters	Head State Government Relations, Western Region			
NAME OF ORGANIZATION (if app	olicable)		TELEPHO	NE
Sanofi-Aventis group (Sanofi-Synthelabo, Inc.)			916-487-0649	
MAILING ADDRESS (Street)			FAX	
3840 Esperanza Drive			916-487	-0641
(City)	(State)	(Zip	Code)	
Sacramento	California	958	95864	
I hereby\authorize the a	bove - named person to engag	ge in lobbying activities on	behalf of th	ne undersigned.
Danulh	metro		3/05	
(Signature of A	thorizing Officer or Person Represen	ted)	/ (Date)	
	J			